BEST AVAILABLE COPY~

	PATENT A	RD	PANL 000755										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE				OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			16				[RATE	Ε	FEE]	RATE .	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		•			X\$ 9=			OR	X\$18=	1
INDEPENDENT CLAIMS			/ minus 3 =		*			X42=			OR	X84=	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+140=				+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR		71/0
	•	IOIA	L		OR	TOTAL	740						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L E	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING ÄFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* °	Minus	**		=		X\$ 9:	=	*	OR	X\$18=	
	Independent	*	Minus	***		=		X42=			OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1.40	┪	Ÿ		+280=	
							3	+140: TOT			OR	TOTAL	, .
								ADDIT. F			OR	ADDIT. FEE	
NDMENT B		(Column 1) CLAIMS		(Colu		(Column 3)	1 6		_	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	Ξ	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=	=		OR	X\$18=	
AMEN	Independent	*	Minus	***		=	X4:		<u>.</u>		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						┚┞						120
	+14										OR	+280= TOTAL	
		A	TOT ADDIT. F			OR	ADDIT. FEE						
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST													
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA	RATE		.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=	_		OR	X\$18=	
	Independent	*	Minus	***		=-]	X42=	1			X84=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┪		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er foui	nd in the	арр	oropriate box	k in co	lumn 1.	